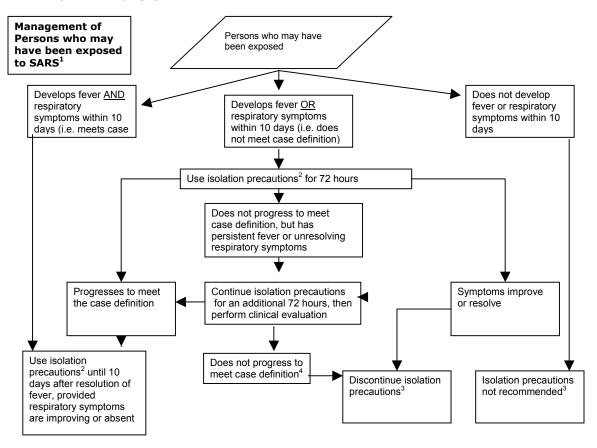
Interim Domestic Guidance on Persons Who May Have Been Exposed to Patients with Suspected Severe Acute Respiratory Syndrome (SARS)

(continued from previous page)



¹Exposure includes travel from areas with documented or suspected community transmission of SARS (link to case definition) or close contact with persons who have SARS; Close contact is defined as having cared for or lived with a person known to have SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have SARS. Examples of close contact include kissing or embracing, sharing eating or drinking utensils, close conversation (<3 feet), physical examination, and any other direct physical contact between persons. Close contact does not include activities such as walking by a person or sitting across a waiting room or office for a brief period of time.

²Isolation precautions include limiting patient's interactions with others outside the home (e.g. should not go to work, school, out of home day care, church or other public areas), and following infection control guidelines for the home or residential setting (link) if not admitted to hospital for care.

³Persons need not limit interactions outside of home (e.g., need not be excluded from work, school, out of home day care, church or other public areas).

⁴Discontinuation of isolation precautions for patients who have not met the case definition 6 days following onset of symptoms, but who have persistent fever or respiratory symptoms should be done only after consultation with local public health authorities and the evaluating clinician. Factors that might be considered include the nature of the potential exposure to SARS, nature of contact with others in the residential or work setting, and evidence for an alternative diagnosis.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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